**Test Result Form**

**The General Data Protection Regulations and Data Protection Act 2018 gives every person the right to apply for access to their health records.**

**To Burton Latimer Medical Centre;**

**I am applying for a copy of my test results.**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
|  |  |
|  |  |
| **Email Address** |  |
| **NHS Number** |  |
| **Date of Birth** |  |

**Signed**

**Dated**

**Has patient been given this information Yes/No (please tick)**